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Corrigendum

Corrigendum to "Externally validated HPV-based prognostic nomogram for oropharyngeal carcinoma patients yields more accurate predictions than TNM staging" [Radiother Oncol 113 (2014) 324–30]

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The authors sincerely apologize for an incorrectness in Fig. 1. This was drawn to their attention by a guest user of the website www.predictcancer.org where the variables in the model derived from the paper can be used interactively.

The labels for the clinical T-Stage variable were incorrectly ordered as T1, T2, T3, T4. The correct order should be T1, T2, T4 and T3. In addition, the endpoint in Fig. 1 refers to Progression Free Survival. The corrected Fig. 1 and corrected legend are presented below.

The authors do not think this mistake affects the results and conclusions of the paper, because the HRs in Table 2 of the original article already indicated higher values for T3 compared to T4

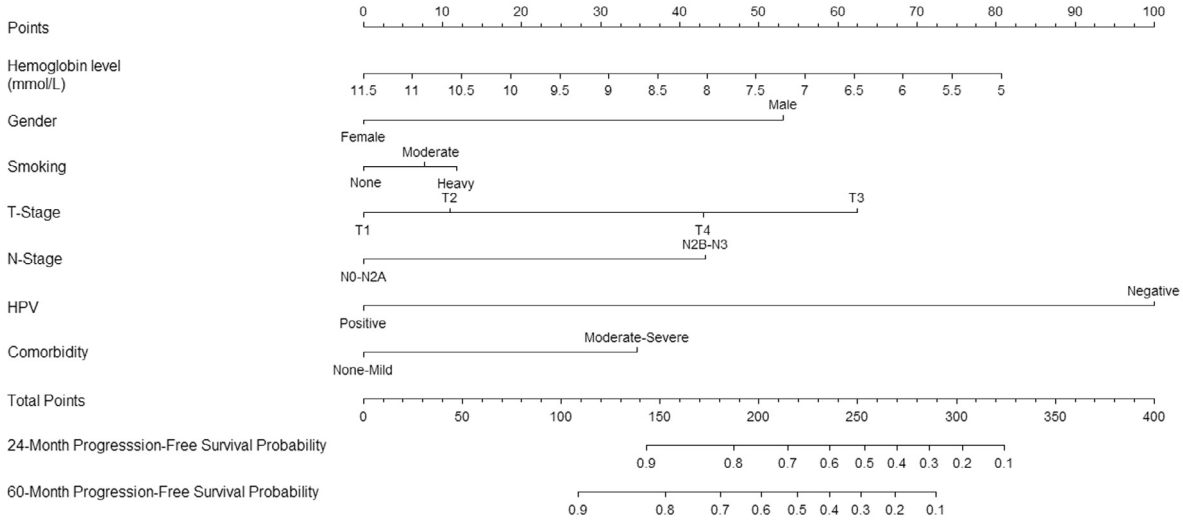

Fig. 1. Multivariate model converted to a graphic nomogram for prediction of progression free survival. Each variable in the model, corresponding to the characteristics of an individual patient, is assigned to an individual score. A probability for progression free survival can be calculated by drawing a vertical line from each predictor value to the score scale at the top—'points'. After manually summing up the scores, the 'total points' correspond to the probability of progression free survival, which are estimated by drawing a vertical line from this value to the bottom scales to estimate overall survival. Smoking was categorized as none, moderate (1–30 pack years of smoking) and heavy (>30 pack years of smoking).

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tumor. At first glance this appears counterintuitive, however in previous studies [1] it was also demonstrated that higher T-stage was not associated with worse outcome after chemoradiation, because the most prominent factor appeared to be tumor volume. In this respect, a small tumor with bone invasion (i.e. T4) might respond more favourably to radiation, compared to a more voluminous T3 tumor without bone invasion.

Reference

[1] Knegjens JL, Hauptmann M, Pameijer FA, Balm AJ, Hoebers FJ, de Bois JA, Kaanders JH, van Herpen CM, Verhoef CG, Wijers OB, Wiggenraad RG, Buter J, Rasch CR. Tumor volume as prognostic factor in chemoradiation for advanced head and neck cancer. Head Neck 2011;33:375–82.